

INTEREST AND DIVIDENDS TAX

1999 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State.....1 _____
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself ☐ Spouse ☐ Partnership ☐ Fiduciary Total number of boxes checked _____ x \$2400 =2(a) _____
- 2(b) ☐ 65 (or over) or disabled ☐ Blind } Total number of boxes checked _____ x \$1200 =2(b) _____
- ☐ Spouse 65 (or over) or disabled ☐ Spouse Blind }
- 2 (c) Total exemptions [Line 2(a) plus 2(b)].....2(c) _____
- 3 New Hampshire Taxable Income [Line 1 less line 2(c)].....3 _____
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%).....4 _____
- 5 1998 OVERPAYMENT applied to 1999 taxes.....5 _____
- (If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 less line 5).....6 _____

If less than \$200
see instructions
paragraph No. 1.

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of line 4 of worksheet)	1998 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.	\$	\$	\$	April 15, 1999
2.	\$	\$	\$	June 15, 1999
3.	\$	\$	\$	Sept. 15, 1999
4.	\$	\$	\$	Jan. 18, 2000

IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM
IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIRE-
MENTS HAVE NOT BEEN MET.

(Cut along this line)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX 1999

Payment Voucher 1

Calendar Year — Due April 15, 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

④

For CALENDAR YEAR **1999** or other tax year beginning _____ ending _____

Mo Day Year Mo Day Year

P R I N T O R T Y P E	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		
	NUMBER AND STREET		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	CITY OR TOWN, STATE AND ZIP CODE		

☐ CHECK IF ADDRESS IS DIFFERENT FROM 1998 RETURN.

MAIL NH DEPT REVENUE ADMINISTRATION
TO: Document Processing Division
PO Box 2035
Concord NH 03302-2035

Amount of This Payment \$

Make check payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment
with this estimate. Do not file a \$0 estimate.

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

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Payment Voucher 2

Calendar Year — Due June 15, 1999

For CALENDAR year 1999 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME & INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

NAME OF PARTNERSHIP OR FIDUCIARY

NUMBER AND STREET

FEDERAL EMPLOYER IDENTIFICATION NUMBER
(PARTNERSHIP OR FIDUCIARY)

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment

\$

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Document Processing Division

TO: PO Box 2035

Concord, NH 03302-2035

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ESTIMATED INTEREST AND DIVIDENDS TAX 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

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Payment Voucher 3

Calendar Year — Due Sept. 15, 1999

For CALENDAR YEAR 1999 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME & INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

NAME OF PARTNERSHIP OR FIDUCIARY

NUMBER AND STREET

FEDERAL EMPLOYER IDENTIFICATION NUMBER
(PARTNERSHIP OR FIDUCIARY)

CITY OR TOWN, STATE AND ZIP CODE

Amount of This Payment

\$

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ESTIMATED INTEREST AND DIVIDENDS TAX 1999

CHECK ONE: ☐ INDIVIDUAL/JOINT

①

☐ PARTNERSHIP

③

☐ FIDUCIARY

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Payment Voucher 4

Calendar Year — Due Jan. 18, 2000

For CALENDAR year 1999 or other tax year beginning

Mo Day Year ending Mo Day Year

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LAST NAME

FIRST NAME & INITIAL

SOCIAL SECURITY NUMBER

SPOUSE'S LAST NAME

FIRST NAME & INITIAL

SPOUSE'S SOCIAL SECURITY NUMBER

NAME OF PARTNERSHIP OR FIDUCIARY

NUMBER AND STREET

FEDERAL EMPLOYER IDENTIFICATION NUMBER
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